

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/656 173</i>	FILING DATE <i>9/6/00</i>	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
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TOTAL IND.	19									
TOTAL DEP.	67									
TOTAL CLAIMS	86									